

2001 MICHIGAN Single Business Tax Amended Return

**2001
C-8000X**

Complete and attach any schedules that have changed because you are amending.

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

IDENTIFICATION

1 This return is for calendar year _____ or for the following tax year <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> Beginning Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> monthyear </div> </div> <div style="width:45%;"> Ending Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> monthyear </div> </div> </div>		5 Federal Employer ID No. (FEIN) or TR No. <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
2 Name (Type or Print) <div style="border: 1px solid black; padding: 2px;">d/b/a</div> <div style="border: 1px solid black; padding: 2px;">Street Address</div> <div style="border: 1px solid black; padding: 2px;">City, State, ZIP</div>		6a Check this box if address is new <input type="checkbox"/> b Check this box if discontinued <input type="checkbox"/> Effective date of discontinuance _____	
		7 Business Start Date <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 8 Source of Change <input type="checkbox"/> IRS <input type="checkbox"/> Amended <input type="checkbox"/> Audit <input type="checkbox"/> Federal <input type="checkbox"/> Other _____	
3 Check this box if you are filing a Michigan consolidated return. <input type="checkbox"/> Enter authorization number _____		9 Organization Type (check one) <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> a. <input type="checkbox"/> Individual c. <input type="checkbox"/> Professional Corp. e. <input type="checkbox"/> Other Corp. g. <input type="checkbox"/> Limited Liability Company-Corporation </div> <div style="width:45%;"> b. <input type="checkbox"/> Fiduciary d. <input type="checkbox"/> S-Corp. f. <input type="checkbox"/> Partnership/ LLC-Partnership </div> </div>	
4 Check this box if you are a member of a controlled group (see instruction book). <input type="checkbox"/>			

Complete and attach any schedules that have changed.

	As Reported or Adjusted	Correct Amount
10 Gross receipts	10 .00	10 .00
11 Business income (50% method; see instructions)	11 .00	11 .00
COMPENSATION		
12 Salaries, wages and other payments to employees	12 .00	12 .00
13 Employee insurance plans - health, life	13 .00	13 .00
14 Pension, retirement, profit sharing plans	14 .00	14 .00
15 Other payments - supplemental unemployment benefit trust, etc	15 .00	15 .00
16 Total Compensation. Add lines 12 - 15	16 .00	16 .00
ADDITIONS		
17 Depreciation and other write-off of tangible assets	17 .00	17 .00
18 Taxes imposed on or measured by income, e.g., city, state, foreign	18 .00	18 .00
19 Single business tax	19 .00	19 .00
20 Dividend, interest and royalty expenses	20 .00	20 .00
21 Capital loss carryover or carryback	21 .00	21 .00
22 Net operating loss carryover or carryback	22 .00	22 .00
23 Gross interest and dividend income from bonds and similar obligations issued by states other than Michigan and its political subdivisions	23 .00	23 .00
24 Any deduction or exclusion due to classification as FSC or similar classification and expenses of financial organizations, see inst.	24 .00	24 .00
25 Losses from partnerships, Account no.	25 .00	25 .00
26 Total Additions. Add lines 17 - 25	26 .00	26 .00
27 Subtotal. Add lines 11, 16 and 26	27 .00	27 .00
SUBTRACTIONS		
28 Dividends, interest and royalty income included in business income	28 .00	28 .00
29 Capital losses not deducted in arriving at business income	29 .00	29 .00
30 Income from partnerships included in business income, Account no.	30 .00	30 .00
31 Total Subtractions. Add lines 28 - 30	31 .00	31 .00
TAX BASE		
32 Tax Base. Subtract line 31 from line 27	32 .00	32 .00
33 Apportioned Tax Base. Multiply line 32 by _____ % from C-8000H	33 .00	33 .00

Attach your check here

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PAYMENT

64 What amount did you enter on page 2, line 60 **PAY THIS AMOUNT** ▶ **64**00

Mail your return to: **Michigan Department of Treasury, P.O. Box 30059, Lansing, MI 48909.**

Make your check payable to "State of Michigan," and write your FEIN on the check.

www.treasury.state.mi.us

Continue and sign on page 2.

Federal Employer Identification Number _____

TAX BASE	As Reported or Adjusted	Correct Amount
34 What amount did you enter on line 32 or 33, whichever applies?	34 _____ .00	34 _____ .00
ADJUSTMENTS		
35 Recapture of capital acquisition deduction, from C-8000D	35 _____ .00	35 _____ .00
36 Adjusted tax base before loss deduction and statutory exemption. Add line 34 and line 35. If line 35 is negative, subtract.	36 _____ .00	36 _____ .00
37 Business loss deduction	37 _____ .00	37 _____ .00
38 Adjusted tax base before statutory exemption. Subtract line 37 from 36...	38 _____ .00	38 _____ .00
STATUTORY EXEMPTION - See form C-8043.		
39 Allowable statutory exemption from C-8043	39 _____ .00	39 _____ .00
40 ADJUSTED TAX BASE. Subtract line 39 from line 38. Check if C-8000G is attached. <input type="checkbox"/>	40 _____ .00	40 _____ .00
REDUCTIONS, NON-REFUNDABLE CREDITS, TAX		
41 Reduction to adjusted tax base, if applicable. See form C-8000S. Check method being used: <input type="checkbox"/> Compensation <input type="checkbox"/> Gross Receipts Reduction Reduction	41 _____ .00	41 _____ .00
42 Taxable base. Subtract line 41 from 40 or enter amount from C-8000S	42 _____ .00	42 _____ .00
43 Tax Before All Credits. Multiply line 42 by the applicable tax rate	43 _____ .00	43 _____ .00
44 Tax After Investment Tax Credit. See form C-8000ITC.	44 _____ .00	44 _____ .00
Amend the small business and contribution credits on form C-8000C before continuing. If you did not claim these credits enter the amount from line 44 on line 45.		
45 Enter either the amount from C-8000, line 44, C-8000C or C-8009	45 _____ .00	45 _____ .00
46 Unincorporated/S-Corp Credit	46 _____ .00	46 _____ .00
47 Nonrefundable Credits	47 _____ .00	47 _____ .00
48 Add lines 46 and 47	48 _____ .00	48 _____ .00
49 Tax After Nonrefundable Credits. Subtract line 48 from line 45	49 _____ .00	49 _____ .00
PAYMENTS		
50 Overpayment credited from prior year	50 _____ .00	50 _____ .00
51 Estimated tax payments	51 _____ .00	51 _____ .00
52 Tax paid with request for extension	52 _____ .00	52 _____ .00
53 Refundable Credits from C-8000MC	53 _____ .00	53 _____ .00
54 Amount paid with original return plus additional tax paid after original return was filed	54 _____ .00	54 _____ .00
55 Add lines 50 - 54	55 _____ .00	55 _____ .00
56 Overpayment, if any, as shown on original return or as previously adjusted	56 _____ .00	56 _____ .00
57 Subtract line 56 from line 55	57 _____ .00	57 _____ .00
TAX DUE/OVERPAYMENT		
58 Tax due. If line 49 is more than line 57, enter the difference	58 _____ .00	58 _____ .00
59 Amended return penalty _____ and interest _____	59 _____ .00	59 _____ .00
60 Add lines 58 and 59. Enter here and on page 1, line 64	60 _____ .00	60 _____ .00
61 If line 49 is less than line 57, enter the difference. You overpaid this amount	61 _____ .00	61 _____ .00
62 Amount of line 61 to be credited forward	62 _____ .00	62 _____ .00
63 Subtract line 62 from line 61	REFUND	63 _____ .00
SIGNATURE AND PREPARER AUTHORIZATION		
TAXPAYER'S DECLARATION I declare under penalty of perjury, that this return is true and correct to the best of my knowledge. I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No		PREPARER'S DECLARATION I declare under penalty of perjury, that this return is based on all information of which I have any knowledge.
Taxpayer's Signature _____ Date _____		Preparer's Signature _____ Date _____
Title _____		Business Address and Phone _____